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Podiatry In Today's Hospital

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INTRODUCTION

Following the mandate that health care is a right, rather than a privilege, consumers are demanding quality care provided within a comprehensive medical setting. In this regard, they are supported by government, planning agencies, third-party payors and the medical community itself. Nowhere are the effects of these demands being felt more clearly than in the nation's hospitals.

With increasing regularity, consumers are turning to their hospitals as both a point of entry into the medical labyrinth and as an initiator of change within the health care community. By and large, these institutions are responding to the public's overall health needs and are organizationally and operationally structuring themselves to provide comprehensive health care. The key to this restructing rests in obtaining maximum utilization of all available health professionals, particularly since the demand for manpower resources far exceeds the supply.

Within this evolving hospital environment, podiatrists are fulfilling an expanding role and adding to the effectiveness of the health manpower pool by performing a service for which they are professionally trained and uniquely qualified—the care of the foot.

During 1969, approximately one and a half million patients were treated in hospitals by podiatrists—equally divided between inpatients and outpatients—and an additional one-half million patients were treated in clinics.[1] There is every indication that this is an upward trend. Increasingly, podiatrists are requesting—and receiving—hospital privileges and hospitals are seeking information on podiatry in general and, in particular, the inclusion of hospital podiatric services.

The Need for Podiatric Services

It has been estimated that ailments of the feet afflict well over half of the U.S. population; and some sources place the figure as high as 70 percent.[2] Although common, the effects of poor foot health cannot be minimized. Any disease or disorder of the foot which results in pain, and therefore disability, will create serious problems for the individual as well as the family and the community.

For the child, a disabling foot condition can mean loss of time from school and decreased participation in sports and other activities so important to normal development. For the working adult, painful foot conditions can lead to decreased efficiency, loss of income and inability to be employed in most occupations. For older people, disabled feet can prevent them from taking care of their personal needs and from participating in other aspects of daily life. In all age groups people with foot disabilities lack independence and often become social and economic burdens.

Foot problems may also be manifestations of diseases and disorders occurring elsewhere in the body. Among these are diabetes mellitus, osteoarthritis, rheumatoid arthritis, collagen diseases, peripheral vascular disease, neoplasms, and neurovascular diseases.

For these reasons, it is essential that professional foot care be made available to all people. The podiatrist is uniquely qualified to administer this care. Moreover, he is totally concerned about foot problems—problems which might be ignored by other medical practitioners.[3]

PODIATRY IN GENERAL

"Podiatry is that profession of the health sciences which deals with the examination, diagnosis, treatment, prevention and care of conditions and functions of the human foot by medical, surgical and other scientific knowledge and methods."[4]

The profession of podiatry, like all other healing arts professions, has come a long way since the first recorded references to foot problems were made by the Greeks in the 4th Century, B.C. Gradually there has evolved, until our present day, a profession forming a separate, distinct, and complementary division of the healing arts, and possibly the most recent such division. It was not until 1846 that the first podiatry office was founded in Boston, followed in 1895 in the State of New York by the nation's first licensing act for the profession.

Status of the Profession

The podiatrist shares with the medical doctor, the osteopathic physician, and the dentist the most important characteristic of a member of a health profession: the legal right to make, and act upon, his own independent medical judgment.[5] With this right developed the concurrent requirement for regulation to insure the public an appropriate level of competence for these as for all other health practitioners.

Today in all states, the Commonwealth of Puerto Rico and in the District of Columbia the practice of podiatric medicine is regulated by law. Licensing

agencies may be organized as State Boards of Podiatry Examiners or State Boards of Medical Examiners; the latter may include one or more podiatrists on their examining boards. There is also a National Board of Podiatry Examiners for administering examinations whch are accepted, either in whole or part, by over 40 states[6] and branches of the armed forces.

Although each state has its own individual law regulating the profession, each generally complements the definition of podiatry as "that health service specifically concerned with the examination, diagnosis, treatment, prevention and care of conditions and functions of the human foot by medical and surgical means." These laws, by and large, license the podiatrist to diagnose, to treat, to operate and to prescribe medications for such diseases, injuries, deformities or other conditions of the foot. This includes surgery for the correction of deformity and disability.

In addition, a few states require a period of internship (for example, Michigan, New Jersey and Rhode Island each require a one-year internship) prior to licensure, and a growing number of states also require a stipulated number of hours of participaion in approved post-graduate training programs as a condition for license renewal. These provisions are welcomed, indeed fostered, by the profession to assure an ever-increasing quality of foot care.

Education and Training

Podiatrists receive their professional education at one of five Colleges of Podiatric Medicine accredited by the Council on Podiatry Education of the American Podiatry Association. The Council is recognized for this purpose by the U.S. Office of Education and the National Commission on Accrediting. The colleges located in Chicago, Cleveland, New York City, Philadelphia and San Francisco, award the degree of Doctor of Podiatric Medicine (D.P.M.) to candidates who have successfully completed the formal four-year program.

Prerequisites for admission include a minimum two years of pre-medical study (although now more than 75 percent of the entering students have baccalaureate or higher degrees)[7] and a satisfactory level of achievement on the Colleges of Podiatry Admission Test (CPAT) developed in cooperation with the Educational Testing Service, Princeton, New Jersey. Students receive their podiatric education and training within the framework of a modern medical curriculum that "compare(s) quite favorably with those of the various other institutions involved in teaching the health sciences."[8] Increasing emphasis is placed on the health of the body as a whole—not the feet alone—with many of the requirements and electives the same as those offered by the country's leading medical schools. Additionally, attention is being given to such subjects as biostatistics, epidemiology, and social and economic relations of podiatry.[9]

The curriculum of the California College of Podiatric Medicine is typical of the four-year course of study followed by podiatric students:

CALIFORNIA COLLEGE OF PODIATRIC MEDICINE: CURRICULUM[10]

First Year	*Hours*
Gross Anatomy	224
Microscopic Anatomy	120
Neuroanatomy	80
Biochemistry	162
Physiology	162
Introduction to Podiatric Biomechanics	48
Introduction to Podiatric Surgery	16
Introduction to the Profession of Podiatric Medicine	24
Orientation	16
Total	852

Second Year	*Hours*
Microbiology	162
Pathology	132
Pharmacology	162
Physical Diagnosis	68
Podiatric Medicine	128
Podiatric Biomechanics	128
Epidemiology and Biostatistics	12
Podiatric and General Radiology	56
Clinic Observation	32
Total	880

Third Year	*Hours*
Podiatric Surgery	64
Podiatric Biomechanics	64
Dermatology	64
Orthopedic Surgery and Traumatology	32
General and Peripheral Vascular Surgery	32
Neurology	48
Internal Medicine	48
Clinical Therapeutics and Pharmacology	16
Podiatric Radiology Conference	16
Plastic and Reconstructive Surgery	16
Clinical Assignments (Medicine, Radiology and Podiatric Medicine, Surgery and Biomechanics)	800
Total	1,200

Elective Courses	*Hours*
Local Anesthesia and Therapeutic Injections	16
Plethysmography	16
Special Studies	8 to 32

Fourth Year	*Hours*
Anesthesiology	16
Regional Surgical Anatomy	16
Practice Administration	16
Private Office Clerkship	60
Clinical Therapeutics	16
Clinical Assignments (at the C.C.P.M., University of California Medical Center, and other facilities—in Medicine, Radiology and Podiatric Medicine, Surgery, and Biomechanics	1,160
Total	1,284

Elective Courses and Assignments	
Private Office Clerkship	2- 4 weeks
Home Care Service, U.C. Medical Center	6 weeks
U.S. Marine Corps Recruit Depot, San Diego	1- 2 weeks
V.A. Hospital, Leavenworth, Kansas	6-12 weeks

As shown, the first- and second-year curricula stresses the basic sciences which form the foundation for the practice of all medical professions. However, to assure that students recognize the importance of these fundamental courses to clinical practice, a gradual shift is being made to integrate clinical courses with the basic sciences early in the curriculum. Future plans are to provide first-year students with more exposure to direct patient care.

During the third and fourth years, traditionally known as the "clinical years," students acquire the direct skills and experience necessary to practice podiatric medicine. Under the direction and guidance of faculty members, they gradually assume more and more responsibility for patient care and are exposed to as many facets of podiatric medicine as possible; spending the largest portion of their time gaining clinical experience.

At the California College of Podiatric Medicine, for example, students receive their clinical training through assignments to the inpatient and outpatient services of the California Podiatry Hospital as well as through assignments to other cooperating or affiliated institutions in the San Francisco area and elsewhere in the nation. This exposure to a variety of institutions provides the student with a broad range of clinical experience and teaches him to perform as part of the "patient-care team." In addition, elective assignments to a practicing podiatrist's office enables the fourth-year student to experience, firsthand, the realities of practice.

Residency Programs

For the majority of graduating podiatrists, formal training does not end with their degree.[11] Many enter postgraduate residency programs carried out in teaching hospitals accredited by the Joint Commission on Accreditation of Hospitals or the Committee on Hospitals of the American Osteopathic Association.

The resident receives advance training in podiatric medicine and surgery, and serves rotation in emergency room service, anesthesiology, radiology, general medicine, pathology and general surgery. Some programs also include experience in other services, such as pediatrics, dermatology, neurology and orthopedics.

Continuing Education

Continuing education for the practicing podiatrist, as in medicine, dentistry, and other health professions, is essential in maintaining and increasing the professional knowledge and skills of the practitioner. Such programs are offered by the colleges of podiatric medicine, other institutions of higher education, professional societies and local, state, and national podiatry associations.

The podiatric colleges are a major influence in promoting increasingly higher professional standards. Indeed, they are probably the greatest single factor in the continuing development of the profession's role, functions and standards. In addition to providing this leadership and the basic education for the graduate and continuing education for the practitioner, the colleges increase the knowledge of the profession and contribute to its growth through research and other forms of study.

Through appointment of members of other professions to their respective staffs, and podiatrists serving on medical school staffs, the colleges promote cooperative relationships between podiatric medicine and other professions. This serves to foster a cooperative academic interrelationship between institutions. Today podiatrists are found on the faculties of such schools as the Medical College of Virginia, Georgetown Medical School, Dartmouth Medical School, and the University of California Medical School.

This trend in expanding education represents an awareness of the vital need for both the educational and practicing branches of the profession to coordinate educational activities. The delivery of podiatric and medical care, changing concepts of public health, and the ever-increasing role of the podiatrist in the total health care planning of the nation mandate this approach.

PODIATRY IN THE HOSPITAL

If the hospital is to serve as the focal point for delivery of comprehensive health care it must, on the one hand, provide a complete range of services for its patients by fully utilizing all members of the health care team to their maximum potential, and on the other hand, assure through continued education, supervision and supportive services, that quality care is maintained.

Offering hospital privileges to the podiatrist satisfies both these requirements. First, it provides patients with a valuable and necessary service, in addition to making time available to practitioners with unlimited medical licenses to treat patients whose ailments are beyond the scope of podiatry. Second, as for all practitioners, it assists and monitors the performance of the individual podiatrist who, in many instances, has remained outside the hospital's formal and structured control.

The inherent advantages of hospital privileges are recognized by most podiatrists. They realize it offers them the opportunity of functioning to the full extent of their ability and license—particularly where surgery is concerned. They need the availability of well-trained support personnel and the range of sophisticated equipment and facilities (such as laboratory and X-Ray) more extensive than they can individually provide within their own offices. They also desire to receive consultation from, and give consultation to, other medical practitioners, within an environment offering continual exposure to the entire field of medicine.

The podiatrist, in turn, offers the hospital specific knowledge and skills which can improve the quality of patient care. As far as the foot is concerned, the podiatrist is qualified to apply the skills of his area of concentration more effectively and efficiently than the practitioner who does not devote full time to ailments of the lower extremities.[12]

The podiatrist can serve in an educational capacity within the hospital, providing consultation and information to other physicians and allied health professionals at all levels, so that they too can aid in the prevention of foot conditions which may result from other diseases or deformities.

In addition, the podiatrist possesses the skill and judgment to detect evidence of diseases that present symptoms in the feet, and in such cases consults with an appropriate specialist for continuing treatment.

Although there are innumerable ways for either an individual podiatrist, or an entire podiatric service or department, to be structurally and functionally integrated into a hospital, the following case history of Abington Memorial Hospital, Pennsylvania, provides one example of a current program.

A Hospital Podiatry Service[13]

The Podiatry Service at Abington Memorial Hospital consists of five practicing podiatrists. In accordance with the bylaws of the staff, all podiatrists must be legally licensed to practice within the state in which the hospital is located and must be members of, or eligible for membership in, a duly recognized podiatry society.

Structurally, the Podiatry Service is a division of the Department of Surgery. The Chief of the Podiatry Service is "responsible to the Governing Board of the Hospital through the Director of the Department of Surgery, and the Chief-of-Staff for the functioning of his division . . ." Initial application for membership to the staff is made to the Chief of the Podiatry Service. Subsequently, the applicant's credentials are presented sequentially to the Director of the Department of Surgery, the Executive Committee of the Staff, the Chief-of-Staff, and finally to the Board of Trustees. Formal appointment for all medical staff members is made by the Board.

The function of the Podiatry Service is to provide comprehensive foot care to the hospital's inpatient and outpatient community. This is accomplished through the following mechanisms:

- ☐ Members of the Podiatry Service are required to serve as consultants on cases where inpatients require foot evaluations and/or foot care. Such consultations are requested by members of the medical or surgical staff and are available to all patients. A written consultation report for the patient under consideration is the responsibility of the consulting podiatrist, and such reports are incorporated in the patient's hospital chart.
- ☐ The Podiatry Service has the responsibility of maintaining an outpatient podiatry clinic. This can function on a one- or multiple-morning-per-week basis. Its purpose is to offer efficient, active and preventive foot care to those individuals economically unable to afford private care. Attendance in the clinic is mandatory for all podiatry staff members.
- ☐ Foot care by the Podiatry Service is preventive as well as active. All new diabetic patients in the metabolic

of appropriate administrative procedures, and he can acquaint the podiatrist with hospital protocol.

The medical staff, by maintaining a receptive attitude towards, and fair appraisal of, the qualifications of the individual podiatrist seeking clinical privileges, can assure not only the quality of care provided by their institution, but add to the scope of services it can offer.

The ultimate responsibility rests with the hospital's governing board. It must be kept aware of changing patterns and concepts in the delivery of health care and how it relates to its institutions. Its members must be knowledgeable of, and responsive to, the health needs of their community. Since the needs for podiatric services are great and podiatry is a valuable component of comprehensive health care, it is the governing board's responsibility to assure that the policy it sets reflects a proper and realistic understanding of the role podiatrists can fulfill within the hospital.

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clinic are required to receive a complete foot evaluation by a member of the podiatry staff. In addition, all outpatients seen in the clinic who are suffering from diabetes mellitus or vascular insufficiency are given printed instructions on the proper home care of the foot in such disorders.

- ☐ The podiatry clinic offers students from the school of nursing direct exposure to the management of foot problems. The nursing students receive periodic observational assignments in the clinic and attend supplementary lectures in nursing care for foot problems.
- ☐ Members of the podiatry staff have the privilege of admitting patients to the hospital for inpatient medical or surgical care. Such admissions are on a combined podiatric-medical-surgical service. Once admitted, the patient's general medical care is the responsibility of the physician, while his foot care is the responsibility of the podiatrist.

In summing up his experience with this podiatric service, the Chief-of-Staff and Director of the Surgical Division of Abington Memorial Hospital states:

"The development of an inpatient podiatric service has made the podiatrist an effective member of the health care team. By his availability for consultation, physician interest in disorders of the foot has been stimulated. The initiation of podiatric surgical procedures in the operating suite has made another service available to our community without imposing a burden on our facilities—since the majority of such procedures are either carried out in the short procedures unit as outpatient situations or performed on inpatients and require only a brief hospital stay. Furthermore, development of inpatient podiatry stimulates the podiatrist to higher levels of performance, since the creation of such a section carries with it certain standards of care which must be followed and obligations to the hospital and its staff which must be met. In our hospital this has resulted in the generation of a sense of pride of membership on the part of the podiatrist which has, I believe, even up-graded the outpatient podiatry clinic.

"In short, our experience with a structured podiatric service with inpatient and outpatient privileges represents an advance in health care—and where today's well-trained podiatrist is available, a community hospital should find little, if any, problems in developing such a section. A service of this type should prove advantageous to both."

Guidelines for Hospital Bylaws

Providing clinical privileges for podiatrists in medical staff bylaws is a relatively uncomplicated procedure. The Joint Commission on Accreditation of Hospitals Manual states in Medical Staff Standard 1:[14]

The governing body of the hospital, after considering the recommendations of the medical staff, may grant clinical privileges to qualified, licensed podiatrists in accordance with their training, experience and demonstrated competence and judgment. When this is done, podiatrists must comply with all applicable medical staff bylaws, rules and regulations, which must contain specific references governing podiatric services.

A podiatrist with clinical privileges may, with the concurrence of an appropriate member of the medical staff, initiate the procedure for admitting a patient. This concurring medical staff member shall assume responsibility for the overall aspects of the patient's care throughout the hospital stay, including the medical history and physical examination. Patients admitted to the hospital for podiatric care must be given the same basic medical appraisal as patients admitted for other services.

The scope and extent of surgical procedures that each podiatrist may perform must be specifically defined and recommended in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists must be under the overall supervision of the chief of surgery. The nature and degree of supervision is a matter of determination, in each instance, within the medical staff policy that governs the relationship and dual responsibility existing between the medical staff and the podiatrist. A physician member of the medical staff must be responsible for the care of any medical problem that may be present or that may arise during the hospitalization of podiatric patients. The podiatrist is responsible for the podiatric care of the patient, including the podiatric history and physical examination and all appropriate elements of the patient's record. The podiatrist may write orders within the scope of his license, as limited by the applicable statutes and as consistent with the medical staff regulations.

On April 14, 1973, the Joint Commission also clarified some questions regarding podiatry in hospitals when it approved a number of changes in the Accreditation Manual for Hospitals. These changes included:

- ☐ A revision in the section on "Survey Eligibility Criteria" to the effect that hospital admissions must be made by a member of the medical staff "either individually or in cooperation with a podiatrist with clinical privileges." That only "licensed practitioners" (M.D.'s, D.O.'s, D.D.S.'s and D.P.M.'s) shall be directly responsible for diagnosis and treatment of patients. That other direct medical care to patients may be provided only by members of the "house staff" and by "other specified professional personnel."
- ☐ The glossary definition of "house staff" has been expanded and now covers "licensed practitioners and graduates of medical, dental, or podiatric schools who participate in a hospital graduate training program that is formally approved by an agency recognized by the National Commission on Accrediting and the United States Office of Education, or who are eligible under state law for such participation, and who participate in patient care under the direction of licensed practitioners of the pertinent profession who have clinical privileges in the hospital."
- ☐ A new glossary definition for "specified professional personnel" has been added to the Accreditation Manual. This category includes licensed practitioners, house staff, and "other personnel qualified to render direct medical care under supervision of a practitioner with clinical privileges." Such "other personnel" expressly refers to, among others, "medical, dental or podiatric students of North American or foreign schools who are participating in an intrahospital educational clinical experience leading to graduation and/or qualification to take state license examinations."

The Joint Commission also revised its survey questionnaire which the hospital administration completes when the hospital is evaluated. The hospital must now certify that medical practice "is limited to appropriately licensed practitioners who have been granted clinical privileges within the limits of their qualifications" and that "clinical duties and responsibilities for segments of patient care are assigned to specified professional personnel."

These changes recognize the role of podiatric residents and externs in approved training programs to be on an equivalent basis to comparable medical and dental personnel.

The recent actions of the Joint Commission on Accreditation of Hospitals

have significantly clarified the status of the podiatrist to whom clinical privileges have been granted in a hospital. In addition, they further simplify considerations in the adoption of additions to the bylaws to provide for clinical privileges for podiatrists.

Although the clinical privileges for podiatrists are defined in various ways within hospital bylaws (they are provided for in some cases specifically as podiatric staff bylaws, and in other cases under the department of surgery), all provisions, in general, closely parallel medical staff bylaws in format and requirements.

While each hospital may write specific, individual statements in rules and regulations to reflect local conditions, standard statements in medical staff bylaws and rules and regulations regarding podiatrists generally include:

- ☐ Appropriate reference statements to the effect that doctors of podiatric medicine may be granted specific clinical privileges in accordance with their training, experience, judgment and demonstrated competence.
- ☐ A statement that all appointments to the podiatry staff shall be made by the governing board on recommendations of the Credentials Committee of the medical staff. The scope and extent of the surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as is set forth in these bylaws relating to attaining and maintaining membership on the medical staff, and the granting of all other surgical privileges.
- ☐ A statement that the podiatry staff shall conform in general to these bylaws, the rules and regulations of the medical staff, and shall be subject to other standards governing the medical staff.
- ☐ A statement that surgical procedures performed by podiatrists shall be under the overall supervision of the Chairman of the Department of Surgery. All podiatric patients shall receive the same medical appraisal as patients admitted to other surgical services.

Rules and Regulations for the Podiatry Staff

The rules and regulations of the medical staff of a hospital with a Podiatry Service typically include sections stating that:

- ☐ Members of the Podiatry Staff shall be assigned to the Department of Surgery. The Podiatry Staff shall be directed by a Chairman who shall be a podiatrist. He shall be appointed in the same manner as all other chairmen. Members of the Podiatry Staff are encouraged to attend regular and special Medical Staff meetings, clinical pathological conferences, and other meetings that will enhance their understanding of the particular subjects that bear upon the practice of podiatry.
- ☐ The Chairman of the Podiatry Staff shall annually appoint members of the Podiatry Committee, subject to confirmation by the Chairman of the Department of Surgery and by the Medical Staff Executive Committee. The Podiatry Committee shall meet at least quarterly and shall keep minutes. This Committee shall formulate and recommend to the Chairman of the Department of Surgery all proposed rules, regulations and policies for the Podiatry Staff, Podiatry Staff appointments, and Podiatry Staff privileges. The Podiatry Committee shall work with other committees of the Department of Surgery and Medical Staff to promote high-quality care, to discuss mutual problems, and to promote educational and ethical standards.
- ☐ Patients admitted for podiatric care may be admitted by the podiatrist to the Department of Surgery with the written concurrence of the Chairman of the Department of Surgery or his physician designee. Patients may be discharged by the podiatrist on the written concurrence of the Chairman of the Department of Surgery or his physician designee. With each such admission, the Chairman of the Department of Surgery shall also assign the patient to an attending physician on the Medical Staff who shall assume responsibility for the care of any medical problem that may be present or may arise during hospitalization. The physician shall be responsible for the written medical history and physical examination prior to anesthesia and surgery.
- ☐ The podiatrist shall be responsible for the maintenance and proper quality of podiatric care and treatment of the patient, including the written podiatric history and physical findings. A podiatrist may write orders within the scope of his license, as may be limited by his privileges or by the Staff Bylaws, these Rules and Regulations, or by the Rules and Regulations of the Department of Surgery.
- ☐ Complete records, containing both podiatric and medical elements, shall be maintained for each patient admitted to the Podiatry Service. Progress notes and the clinical resume and summary statement shall be written by either the podiatrist or the physician, or both, as may be applicable. The record shall include a reasonably detailed and complete description of any podiatric surgery performed, including the findings and technique. All tissues removed shall be sent to the hospital pathologist for examination.
- ☐ All podiatrists granted privileges shall serve a provisional staff appointment of the same duration as the provisional staff appointments for the Medical Staff. During this time the Chairman of the Department of Surgery, or his designee, shall review and approve all elective surgeries, follow the patient postoperatively to the degree the physician deems necessary, and file summary reports with the Credentials Committee. These "credentials-audit" responsibilities are in addition to the medical management responsibility set forth above, but the Chairman of the Department of Surgery may designate the same physician or physicians to perform both functions.

The overriding consideration when developing bylaws and rules and regulations for any organization is simplicity and flexibility. Although specific questions of organization must be addressed by each institution to suit its own needs and requirements, the previous guidelines should serve to delineate the areas that should be covered.

CONCLUSIONS

The recent actions of the Joint Commission on Accreditation of Hospitals, recognizing podiatrists as "licensed practitioner(s)"—similar to medical doctors, doctors of osteopathy and dentists—to whom hospitals "may grant clinical privileges," has been a significant step towards paving the way for podiatrists to fully serve on the hospital team. However, recognition itself will not result in a fait accompli. Rather, widespread implementation of hospital podiatric services will require a progressive, enlightened attitude and concentrated effort by all members of the hospital health care team.

In this regard, the hospital administrator can be of immeasurable assistance by stimulating interest and initiating steps to provide podiatric services within his hospital. He can provide relevant, factual and timely information on podiatry to other hospital officials. He can arrange initial introductions for podiatrists, assist in the development and implementation